

## Service Area VI Quality Improvement Committee Meeting – June 17, 2009

Type of Meeting	Service Area 6 Quality Improvement Committee		Date	June 17, 2009
Place	Kedren Community Mental Health Center 4211 S. Avalon Blvd, Los Angeles 90011	Start Time	9:00 a.m.	
Chairperson	Kimberly Spears, Chairperson/Erica Melbourne, PsyD, Co-Chair	End Time	11:00 a.m.	
Members Present	Kimberly Spears, DMH SA6 Adm; Julie Elder, SCHARP/Barbour & Floyd Medical Assn; Donna Roque, Drew Child Dev. Corp; Telana Courseault, Shields for Families; Mimi Nguyen, Asian Pacific Residential Treatment Program; Bobby Davis, Tessie Cleveland Community Services; Gregory Hooker, DMH, West Central; Carmen Haley, Alafia; Jan Nolan, LAUSD; Marilyn Campbell, Kedren Community Mental Health Center; Rosary Woods, Kedren Community Mental Health Center; Vynette Moore, Shields for Families; Jaime Sheehan, Shields for Families; Lisa Harvey, Hollygrove/EMQ; Anthony Cooksie, DMH; Teri Bartlett, Contemporary Parenting Institute; David Kneip, Exodus Recovery; Richard Hughes, Personal Involvement Center; A. Kausar, DMH; Elizabeth Echeverria, SCHARP; Elva Gutierrez, The Guidance Center; Amanda Sanchez, Didi Hirsch MHS; Sidra Corbin, L.A. Child Guidance; Joeline Friestad, Compton Family MH Services; G. Kailah Salas, Counseling 4 Kids; Jessica Davis, Star View Community Services; Erica Melbourne, L.A. Guild Guidance; Derrell Tidwell, St. Francis Medical Center; Paula Rosenfeld, Parenting Institute; Terry Robinson, Children's Institute; Martha Alamillo Women's Reintegration Service; Emmanuel Akuamoah, Personal Involvement Center; Desiree Odom, Didi Hirsch			
Absent Members	Thang Nguyen, DMH;			
DMH Support	Thang Nguyen, DMH;			
Agenda Item & Presenter	Discussion and Findings	Decisions/Recommendations Actions/Scheduled Tasks	Person Responsible / Due Date	
Call to Order & Introductions	The meeting was called to order at 9:00 a.m.		Kimberly Spears, Chair	
Review of Minutes	Minutes of the April 15, 2009 meeting were approved as published.	M/S/P that the minutes are approved as published.	SA 6 QIC Membership	
Remarks - Kimberly Spears, Chair, Service Area 6	Ms. Spears distributed and discussed the following documents:  1. <u>CCCP &amp; SFPR Form Updates</u>  Ms. Spears distributed the revised May 2009 Client Care/Coordination Plan (LAC-DMH Policy NO. 104.9) and the Quality Assurance Bulletin No. 09-03, "Revision Organizational Provider's Manual Chapter 1 – Client Care Coordination Plan."			

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	<p>Agencies that use electronic records should contact Ms. Norma Fritzsche, District Chief, DMH, Program Support Bureau, Quality Insurance for assistance.</p> <p>The SFPR is still in draft form, awaiting sign-off by Executive Staff of DMH. Hopefully, it will be finalized by July 2009.</p> <p><u>2. Dual Diagnoses Codes for Substance Abuse (Revision).</u></p> <p>The back of the form explains how the codes are to be used.</p> <p>3. Quality Assurance Bulletin No. 09-04, dated May 26, 2009, "Clinical Audits by State DMH".</p> <p>DMH has transformed the basic information required by Medi-Cal into a process designated the "Clinical Loop" which include three documentation elements, i.e., (1) Assessment, (2) Client Plan, and (3) Progress Notes.</p> <p>The first two Medical Necessity requirements include diagnosis and impairments in life functioning which are initially found in the first document of the Clinical Loop, the Assessment.</p>		

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<p>Department Updates and Handouts – Kimberly Spears, Chair,</p>	<p>The third Medical Necessity requirement of interventions related to goals is identified on the Client Plan and specifically reflected in the Progress Note documentation.</p> <p>Ms. Spears encouraged the QIC Meeting attendees to read this Bulletin in its entirety in order to ensure compliance by the various agencies.</p> <p>Of note are several points:</p> <ul style="list-style-type: none"> <li>• Goals and objectives must be discussed with the client;</li> <li>• Client must be offered a copy of CCCP;</li> <li>• Blended notes are no longer acceptable;</li> <li>• Date of service recorded in the clinical record on the Progress Note must match the date of service on the claim or the service will be disallowed when audited;</li> <li>• Child and elder abuse reports are billable as they are viewed as a benefit to the client;</li> </ul> <p>As far as filing of child and elder abuse reports, DMH agencies do not file the actual abuse in the clinical records. Contractors may develop their own policy on where the documents are to be filed.</p>		

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Frequently Asked Quality Assurance & Quality Improvement Questions – Kimberly Spears	<p>Ms. Spears reported that she and Dr. Erica Melbourne will begin preparing a summary of the questions frequently asked every month for the Service Area. A current list of questions and answers will be distributed.</p> <p>Questions can be sent to either Kimberly Spears or Dr. Erica Melbourne.</p>		Ms. Kimberly Spears and Dr. Erica Melbourne.
QA/QI Updates – Kimberly Spears	<p><u>Clinical Records – Sharing of Information</u></p> <p>Ms. Spears distributed copies of the Welfare &amp; Institutions Code, Section 5328, “Confidential information and records; disclosure; consent which states, in part, that consent of the patient, guardian or conservator shall be obtained prior.</p> <p><u>LPHA ( Licensed Practitioner of the Healing Arts) name change</u></p> <p>This includes licensed and waived personnel except for psychiatric technicians.</p> <p><u>Culturally Competent QIC</u></p> <p>DMH is working to ensure that cultural competency happens across the board in all areas, including trainings and conferences.</p>		

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<p align="center"><b>Erica Melbourne, PsyD.</b></p>	<p>Translation of forms into another language can be built into administrative costs in your negotiation package, if necessary to be culturally competent.</p> <p><u>Change of Provider Requests</u></p> <p>These requests are handled through Patients' Rights. One must be completed when a client requests a change of therapist, doctor, site location, etc.</p> <p><u>State Department of Mental Health Medi-Cal Oversight, Annual Review Protocol for Consolidated Specialty Mental Health Services and other Funded Services FY 08-09</u></p> <p>Ms. Spears distributed the above-named document.</p> <p><u>Service Delivery Capacity/Accessibility "No Shows"</u></p> <p>Dr. Melbourne stated that all service providers should have a policy on "no shows." L. A. Child Guidance's policy states that three missed appointments result in a discussion regarding terminating services with the client. The client/family will be contacted to ascertain if a Change in Provider Form is necessary.</p>	<p>Ms. Spears will contact someone from Patients Rights to talk to the membership.</p>	

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	<p>Dr. Melbourne stated that L.A. Child Guidance has a centralized schedule. The scheduler is responsible for making appointments, and the scheduler keeps track of appointments in a binder. Any change to the scheduled is done by the scheduler. Managers can look into the binder to see who is not receiving services. The schedule is checked each day. There is a 60-90-120 day report.</p>		
Adjournment	<p>The meeting adjourned at 11:00 a.m.</p>		<p>Minutes recorded by Ruthie Randon</p>

*Respectfully submitted,*

  
Kimberly Spears, Chair

  
Erica Melbourne, Co-Chair